

CHANGE IN OWNERSHIP CERTIFICATION

Facility Name	NPDES No.
Previous Name (if changed)	County

I hereby certify that I will assume ownership and all responsibility for meeting the permit conditions of the Commonwealth of Kentucky relating to water quality at the permitted facility listed above on the effective date indicated.

Name of New Owner or Authorized Representative	
Company Name	
Address of New Owner (Street, City, State, Zip Code)	
Telephone No. of Owner/Authorized Representative	() -
Location Address of Facility	
Effective Date of Transfer	
Previous Owner Name	

Indicate the address where the Discharge Monitoring Report (DMR) forms should be sent. (**Complete only if different from owner name and address listed above.**) These DMR forms are preprinted with permit limitations and mailed out each quarter (semi-annually for individual residences).

Alternate DMR Mailing Name	
Alternate DMR Mailing Address	

Signature of New Owner or Authorized Representative	Date
---	------

Acknowledged before me this _____ day of _____, _____

Notary Public _____ Commission Expires: _____

Notary Seal

Questions on completing this form?

Contact the KPDES Branch at (502) 564-3410.

Complete and return this form to:

Division of Water, KPDES Branch
Frankfort Office Park
14 Reilly Road
Frankfort, KY 40601